

Fill in this information to identify the case:

Debtor name Bronx Miracle Gospel Tabernacle Word of Faith Ministries, Inc.

United States Bankruptcy Court for the: Southern District of NY
(State)

Case number (If known): 19-12447

☐ Check if this is an amended filing

Official Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 <u>829 Holding Corp.</u>	<u>829 Burke Ave</u> Street <u>Bronx, NY 10467-6636</u> City State ZIP Code		<u>Newell Funding, LLC</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Keyesss Corp.</u>	<u>785 Burke Ave</u> Street <u>Bronx, NY 10467-6635</u> City State ZIP Code		<u>Newell Funding, LLC</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 _____	_____ Street _____ City State ZIP Code		_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G